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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/777,111
	Filing Date	02/13/2004
	First Named Inventor	Chiang-Lung CHENG
	Title	Protection hood for auto...
	Art Unit	3612
	Examiner Name	Joseph PAPE
	Attorney Docket Number	FP9997

I hereby revoke all previous powers of attorney given in the above-identified application.

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Name	Registration Number
Leong C. LEI	50402

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>CHIANG LUNG CHENG</i>	Date	March 25, 2005
Name	Chiang-Lung CHENG	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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